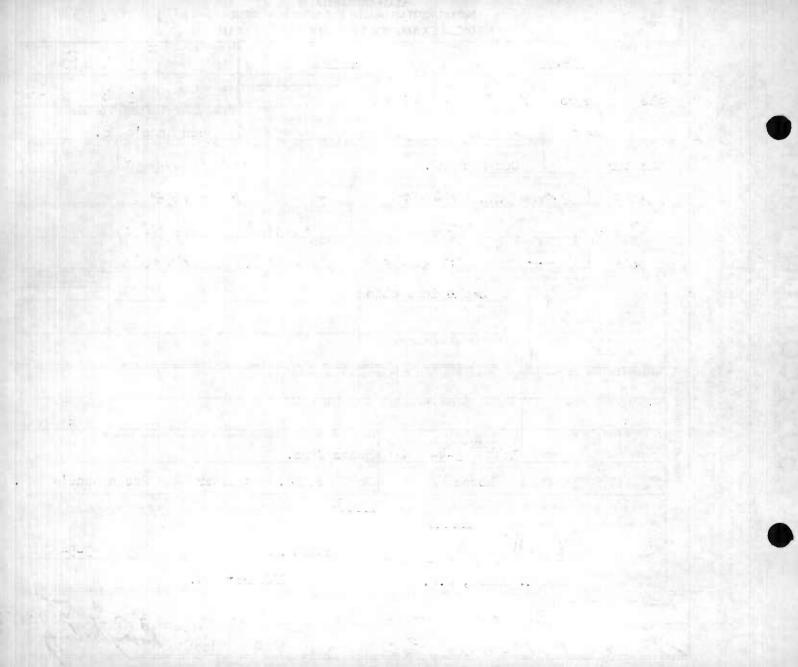
| | | STAT | E OF MARYLAND | | (1) (2) |
|---------------|--|---|--|---|--|
| 1- | FOR STATE | | EALTH AND MENTAL HYGIE | | 6. 0 |
| • | REGISTRAR | MEDICAL EXAMINE | R'S CERTIFICATE OF DE | ATH REG. NO. | |
| | CEASED NAME FIRST | WIDDLE | LAST | 20. DATE KNOWN X MONTH | DAY YEAR 26. HOUR |
| (11) | RUDOLPI | I Rudell | ASKINS | OF ESTI- | 4 1980 |
| . SE | 4. RACE S. E | DATE OF BIRTH 6. AGE (IN YEAR | The second secon | S. 2c. DATE MONTH | |
| * | nale negro " | 0 00 00 | Morting Sales Hours Mire. | PRONOUNCED 3 | 1080 3:30 pm |
| . B | RTHPLACE (STATE OR 7b. | CITIZEN OF WHAT COUNTRY? | | 8 BALTIMORE CITY OR COUNT | Y OF DEATH |
| FC | REIGN COUNTRY) | | MARRIED NEVER MARRIED | | |
| 0. C | TY OR TOWN OF DEATH | NAME OF HOSPITAL, NURSING HOME, | OR OTHER INSTITUTION 176 U | Queen Anne's (| UO . MD 12b. KIND OF BUSINESS |
| | | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | FO | OR MOST OF WORKING LIFE) | OR INDUSTRY |
| ISLL | Chester | Cox Neck Rd. HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO | ' | Waterman | |
| | TATE 13b. COUNTY | 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? 13e. ST | TREET ADDRESS | |
| | ma Thee | in Aure Chester | YES NO | B 0x 198 | |
| 14. F | THER'S NAME FIRST MI | DDLE LAST | 15. MOTHER'S MAIDEN NAM | WE WIDDLE | LAST |
| | Cec.º/ | vones | Kuth | As kins | |
| 160. \ (Y | VAS DECEASED EVER IN U.S. ARMED | FORCES? 16b SOCIAL SECURITY | NO. 17. INFORMANT | ADDRESS | |
| | WO - | 214-32.54 | 00 Christine | Askuns | |
| | 18 CAUSE OF DEATH (Enter anly an | ne cause per line for (a), (b), and (c).) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | PART I DEATH WAS CAUSED BY | | ion | | DETWEEN ONSET AND DEATH |
| 5 | 8902 | DUE TO, OR AS A CONSEQUENCE O | F | | |
| | Canditians, if any, which gave rise to immediate | (b) | | | |
| | cause (a) stating the under- | DUE TO, OR AS A CONSEQUENCE O | F | | |
| | lying cause last. | (c) | | | - Y-1 19 |
| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTI | RIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN | IAL DISEASE OR CONDITION GIVEN IN PART 1 (g). | | 1 |
| Z | | | | | |
| CERTIFICATION | 190. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERA | TION WAS PERFORMED? | | 20 AUTOPSY? |
| IFIC | | | | | YES NO |
| ERT | 21a. EXTERNAL CAUSE WAS UNDERLYING OR | 21b. TIME OF INJURY | 21c. HOW INJURY OCCURRED (ENTE | R NATURE OF INJURY IN ITEM 18 PART 1 OR PAR | |
| | UNDERLYING OR | H 1:44 M. 3-4- 180 | | | |
| MEDICAL | CONTRIBUTING CAUSE OF DEAT | 21e. PLACE OF INJURY (AT HOME. | House fire. | | |
| ME | WHILE NOT WHILE | STREET, FACTORY, FARM, ETC.] | Cox Neck Rd. C | hester Quee | h"Anne's Md. |
| j/b | AT WORK AT WORK | | | | |
| | 220. I certify that I taak charge af | the remains described abave, held an | Autapsy X, Inspection , | Inquiry , and in my ap | inian |
| | death resulted fram: Natural co | auses , Accident X, Suic | ide, Hamicide, Und | letermined manner, | |
| | 100 | Man | TITLE (SPECIFY) | | |
| | SIGNATURE CONTRACTOR | | | DATE EDICAL EXAMINER SIGNE | _D 3-5-80 |
| | EXAMINER'S NAME Ann | UX . | | | |
| | (TYPE OR PRINT) Ann I | M. Dixon, M.D. | ADDRESSP | enn St. | |
| | JRIAL, GREMATION, REMOVAL 236. D | PATE 23c. NAME OF CEM | ETERY OR CREMATORY 23d. | LOCATION TY OPTOWN COUR | ET STATE |
| | 3/ | 10/80 Chester | Com (| Lester 9 A | med |
| 24. F | JNERAL DIRECTOR | ANNBECC | 25a. DATE REC'D. | BY REGISTRAR 199 REGISS AR'S S | IGN TURS? |
| 1 | Teage M/ | ashed for to | mar MAR | 1 2 1980 | 77.2023 |
| - | A COLX | | | | - |



FOR

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE CERTIFICATE OF DEATH REG. NO 28 DATE OF DEATH 2b. HOUR 03-03-80 5:30 IF LINDER 24 HRS AGE (IN YEARS LAST BIRTHOAY) IF UNDER LYEAR DAYS HOURS 8), BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ueenAnn (o. Maryland 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife 13e. STREET ADDRESS Boule St. Balto Md IS MOTHER'S MAIDEN NAME MIDDLE Meushaw harlotte Mr. Louis L. Caperoon, 7901 Elizabeth Rd. Pasad. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes Hypertensive cardiovascular disease 30 years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) CITY OR TOWN COUNTY STATE and that in (my floor) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL 03-03-80 PHYSICIAN DIRECTOR PHYSICIAN 1 E. Randall Street, Baltimore, Md. 21230

23d LOCATION 23c NAME OF CEMETERY OR CREMATORY Battimore, Maryland Cedar Hill (emetery DHMH-16 20M "ully Funeral Home, 130 E. Fort Ave. Balto. Md. (VRA 15, 4) 7/78

756. DATE REC'D. BY REGISTRAR 256. REGISTRAP'S SIGNATURE

STATE

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STATE OF MARYLAND

| | 4.30 | |
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| CONTRACTOR OF THE PARTY OF THE | | |
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| | The Paragraph Paragraph | AL JON SELES F |

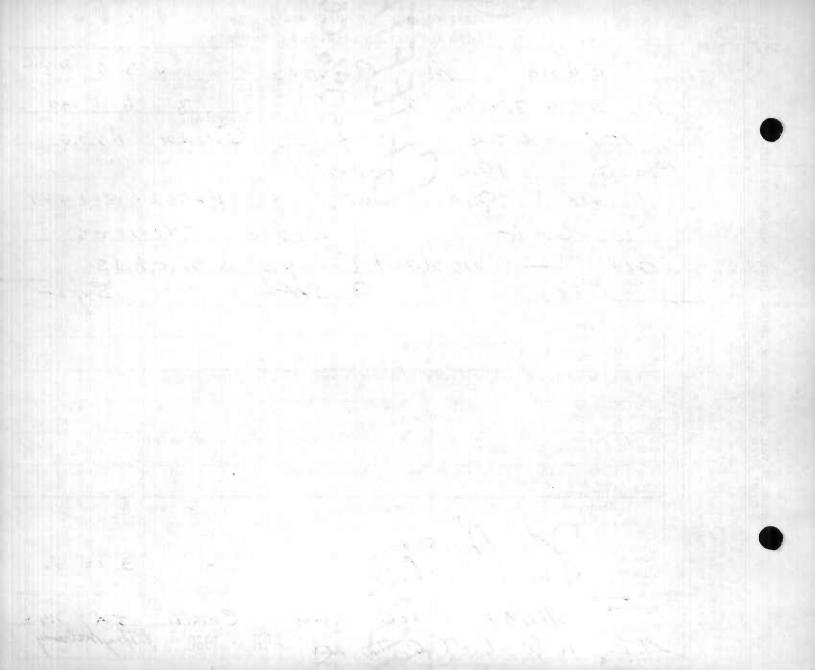
| | 1- | ems 18& FOR STATE REGISTRAR | | | EPARTMENT OF ICAL EXAMIN | | 5,3 | DEATH | REG. NO | | 3 1 | |
|---|---------------|---|---|---|--|---------------------------------------|--|---|------------------------------|--------------------------------|------------|---------------------------------|
| | | CEASED NAME E OR PRINT) | FIRST | | MIDDLE | LAST | | 20. DATE OF | KNOWN ESTI- | MONTH | DAY YEA | 10 |
| E E | | | VICTOR | | WAYNE) | | RDNER | DEATH | MATED | 3 | 14 1980 | |
| ON STR | | Male | White | | | ARS IF UNDER 1 YR AY) MONTHS DAYS RS. | HOURS MIN | PRONOU DEAL | NCED D | монтн 3 | , | 80 2 4 |
| 1 | FO | RTHPLACE (STATI REIGN COUNTRY) Shington | , D.C. | 76. CITIZEN OF WHA | | WIDOWED - | | | en Anne | - | | M |
| See O | G | ry or town of leens tow nerevil | , R | | TAL, NURSING HOM ITY, GIVE STREET ADDRESS) Near home | | TITION 120 | . USUAL OCCU FOR MOST OF WO Vaterma | IPATION (TYPE RKING LIFE) | OF WORK | Seaf | BUSINESS STRY OOD |
| SHOULD BE CORDS | 13a S1 | | THE COUNTY | | RESIDENCE BEFORE ADMISS 13t. CITY OR TOWN Queens to | 13d. INSIDE | CITY LIMITS? 134. | STREET ADDR | i, Box | 425 | | |
| 70 | | THER'S NAME | Ra | MIDDLE | Gardner | | HER'S MAIDENN | - 4 | ette | | Davis | |
| DIVISION OF | 16a. W | AS DECEASED E S, NO, OR UNKNOWN NO | VER IN U.S. ARM (IF YES, GIVE W | | 216-76-6 | | RMANT Fat | ther dner, | | | Md. 2 | |
| RIAL-TRANSIT PERMIT MENTAL HYGIENE, OR REMOVAL. | | Conditions, gave rise cause (a) ste lying cause | if ony, which ta' immediate aring the under-last. | CAUSE (a) ACT DUE TO, OR A (b) DUE TO, OR A: | ate phene S A CONSEQUENCE S A CONSEQUENCE | OF OF | | | | | BETWEEN ON | AATE INTÉRVAL NSET AND DEATH |
| HEALTH AND | | PART 2 OTHER SIGNII | FICANT CONDITIONS <u>CC</u> | ONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERA | AINAL DISEASE OR CONDIT | ION GIVEN IN PART 1 (c | o). | | | 181 | |
| 5 = 1 | CERTIFICATION | 19a. DATE OF OF | PERATION | 19b. CONDITIO | N FOR WHICH OPER | RATION WAS PERFO | DRMED? | | | | 20. AUTOP: | |
| PRIOR TO BURIAL | CAL | CONTRIBUTING | OR CAUSE OF DE | ATH P.M. | MONTH DAY YEA | 21c. HOW INJUR | RY OCCURRED (E | NTER NATURE OF IN | DURY IN ITEM 18 F | ART I OR PART | 2) | |
| ZOT PRIO | MED | 21d. INJURY OCC WHILE AT WORK | | 21e. PLACE OF STREET, FACTOR | | 21f. LOCATION STREET | | CITY OR TO |)WN | COUN | ity | STATE |
| WITH THE ST | | 220. I certify to death resulted to ACTUAL SIGNATURE | | of the remains described to the causes X, A | | TITLE | Inspection Unicide : U (SPECIFY) Sistant | , Inquiry ndetermined m MEDICAL EXAM | anner , | d in my apir DATE SIGNED | | .5 - 80 |
| TO FUNERAL I | | EXAMINER'S NA (TYPE OR PRINT) | ME Mars | garita A. | Korell, M | DADDRESS | 111Per | | et | | | |
| | | JRIAL, CREMATIC | | | | METERY OR CREMA | | d. LOCATION CITY OR TOWN | | | | |

Wester Watte Inc. V. 1996 27 C. Act , not patriced Energiand Twocs Prine's quamerons of the st. H.D. 21, Box 925 Head Straight Teath Teat The transfer of the safe safe 122 and the library and the large safe and the large safe and the large safe and long of the long to the histinican 0821, 1. un Latini . The state of the DARRES D. LECTON, J. . Dentrovicto, it. 2101/ Dentrovictor

| 17 1. | FOR | DEPART | STATE OF M | | GIENE | Q (| 3 2 |
|---------------|---|--|--|----------------------------|--|------------------------|--|
| - | STATE REGISTRAR | MEDICAL | EXAMINER'S C | ERTIFICATE OF | DEATH REC | G. NO. | V 6- |
| | CEASED NAME FIR | | | LAST | 20. DATE KNOW OF ESTI- | N X WONTH | DAY YEAR 2b. HO |
| | JEF | ROME | GRE | | DEATH MATE | | 4 19 80 |
| SE | | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS IF UN LAST BIRTHDAY) MONTH | DER I YR. IF UNDER 2 | MIN PRONOUNCED | | DAY YEAR 3 HO |
| _ | ale negr | 7b. CITIZEN OF WHAT COU | 37 YRS. | | DEAD | 3 | 4 1, 80 p |
| | OREIGN COUNTRY | U.S. | MARRI | ED NEVER MARRIER | | nne's Co | |
| C | Chester | 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE COX Neck Rd. | JRSING HOME, OR OTHI STREET ADDRESS) | ER INSTITUTION | 12a USUAL OCCUPATION FOR MOST OF WORKING LIFE | (TYPE OF WORK | KIND OF BUSINESS OR INDUSTRY |
| | | OME OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 13c. CIT | E BEFORE ADMISSION) Y OR TOWN LESTER | 13d. INSIDE CITY LIMITS? | 3e. STREET ADDRESS | t Rl. | 1-11-26 |
| F | ATHER'S NAME | WIDDLE . | LAST | 15. MOTHER'S MAIDEN | NAME MIDDLE | | LAST |
| | august | | ceen) | Loon | 2 5 | 1 Re | en |
|)a, ' | WAS DECEASED EVER IN U.S. YES, NO, OR WHY HOWN) (IF YES | b. ARMED FORCES? , GIVE WAR OR DATES) | CIAL SECURITY NO. | URRY H | 4 Muneral | RESS WELL | wills Mil. |
| | 18 EAUSE OF DEATH (Ent. | er only one couse per line far (a), (b | o), and (c).) | | 7 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
| | CA CA A A IMMI | EDIATE CAUSE (8) MORE TIL | | | | | |
| 7 | Canditians, if any, w | DUE TO, OR AS A CO | NSEQUENCE OF | | | | |
| | gave rise to imme- cause (a) stating the u | | NSEQUENCE OF | | | | |
| | lying cause last. | (c) | | | | | |
| z | PART 2 OTHER SIGNIFICANT CONDI | TIONS CONTRIBUTING TO DEATH BUT NOT REL | ATEO TO THE TERMINAL DISEASE | OR CONDITION GIVEN IN PART | 1 (a). | | |
| CERTIFICATION | 19a. DATE OF OPERATION | 196, CONDITION FOR | WHICH OPERATION W | AS PERFORMED? | | | 20. AUTOPSY? |
| IFIC | | | | | | 1 18 11 | YES 🔯 NO |
| | 210 EXTERNAL CAUSE WA | S 21b. TIME OF INJURY | DAY YEAR | | (ENTER NATURE OF INJURY IN IT | EM 18 PART 1 OR PART 2 | |
| MEDICAL | CONTRIBUTING CAUSE | OF DEATH L: 44 P.M. 3- | 4- 1980 Hot | use fire. | | | |
| MED | 21d. INJURY OCCURRED WHILE AT WORK AT WORK | 21e. PLACE OF INJUR'STREET, FACTORY, FARM, house | ETC.) S | ration TREET X Neck Rd., | Chester | Queen A | Anne's Md |
| | AT WORK | charge of the remains described ab | | (V) | , Inquiry , | ond in my opini | |
| | | Natural causes , Accident | N | , Hamicide . | Undetermined manner | | |
| | ACTUAL | MAG | X | TITLE (SPECIFY) | | 0.175 | 0.5.00 |
| | ACTUAL SIGNATURE | VIV. | M. | Assistant | MEDICAL EXAMINER | DATE SIGNED. | 3-5-80 |
| (J12) | EXAMINER'S NAME (TYPE OR PRINT) | Ann M. Dixon, M | .D. | ADDRESS | Penn St. | | |
| 3a.F | BURIAL, CREMATION, REMOV | AL 226 DATE 23c | NAME OF CEMETERY OF | RCREMATORY | 23d. LOCATION | COUNTY | STATE |
| 24. 1 | UNERAL DIRECTOR | 14/7/80 | CN-6 Te | 25a. DATE RE | C'D. BY REGISTRAR 25b. | RESISTRAR'S SI | NATURE |
| | CONTRACT CONTRACT | ADDRESS A | BIOLIX | MAR | 6 1980 | tistay / | (Chrody |

. I inc not

| 1 | | STATE OF MARYLAND | . 7 . 1 |
|--------------------|---------------|--|--|
| OD CTATE | | DEPARTMENT OF HEALTH AND MENTAL HYGIENE U | 3 3 |
| OK STATE | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | |
| AND WELL | | DECEASED-NAME First Middle Last 2a_DATE_KNOWN Manth | Day Year 25. HOUR |
| | 1 | Type or Print) Edna M Grimes DEATH MATED 2 3 | C Year 25. HOUR |
| artm | 3 9 | | 2d. HOUR |
| Departm | L | F. A. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2C. DATE PRONOUNCED DEAD Months OAYS HOURS MIN. Month 2 Day 6 | Year 19 8 0 M |
| ٥ | | BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 7. COUNTY OF DEATH | |
| the State | COU | MY USA WIDOWED DIVORCED DIVORC | 1 mno Md |
| ded | 10. | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done | 12b. KIND OF BUSINESS OR |
| with the |) (| hes in Bay491 | INDUSTRY |
| 3 6 | 130 | USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER | |
| hoor | > | Idmission) STATE MIS 13b. COUNTY C. A. Chester YES & NO 1 14552 - 1 | 34491 |
| 727 | 14. | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle | Last |
| SEC | 1 | MA Lottie Steve | MS |
| within | | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. INFORMANT | |
| event | | 710 = 22001.3319 (600.90 0 Michal | <u>S</u> |
| eve | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH |
| in any | - | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | 2012 |
| 2.5 | | 4140 DUE TO, OR AS A CONSEQUENCE OF | |
| remaval, and | | Conditions, if any, which gave rise to immediate cause (a), (b) | |
| 10/ | | stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF | |
| É | | last. (c) | |
| 5 | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | |
| | 8 | | |
| crematian, | CERTIFICATION | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 2D. AUTOPSY? |
| 2 | - KI | | YES NO |
| | A C | 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Itel | m 18.) |
| × | MEDICAL | CAUSE OF DEATH P.M. 19 | |
| | > | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, hot while not while not while not while factory, office building, etc.) 21f. LOCATION Street or R.F.D. Na. City ar Town | County State |
| 5 | | AT WORK AT WORK | |
| d e | | 22a. I certify that I taak charge af the remains described above, held an Autapsy 🔲, Inspection 🔀, Inquiry 😥 | , and in my apinian |
| Mental Hygiene pri | | death resulted from: Natural causes 🖫, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner [| |
| DIRECTOR: | | ACTUAL CHIEF MEDICAL EXAMINER [| |
| - 9 E | - | SIGNATURE | IGNED 22 - Pr |
| | 7 | EXAMINER'S DEPUTY MEDICAL EXAMINER | .22-81 |
| pub | - | NAME (Type) ADDRESS(Street, city, town, or county) | |
| | 23a | The country of the co | (Caunty) (State) |
| Heaith | 0.4 | 3/14/80 Clasta Cena Chester 2 | A Med |
| 100 | A 24. | FUNERAL DIRECTOR ADDRESS 250. RECULBY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25c. APR 8 1980 | ay halredy |
| | | | |



- STATE

(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL INGIENE

CERTIFICATE OF DEATH

APRIL 1930 JEFE TARA

STATE OF MARYLAND

Section of miles CANCELL CONTROL OF STREET OF THE CONTROL OF THE CON The same of the sa

| | 1 | FOR | | DEPARTMENT (| | MARYLAND | ALYGIENE A 8 | 3 6 |
|--|---------------|--|--|--|---|--------------------------|---|-------------------------------|
| 4 | 1- | STATE REGISTRAR | ME | EDICAL EXAM | | | OF DEATH REG. NO. | |
| 2 | | CEASED NAME FIRST | | WIDDLE | | LAST | 28. DATE KNOWN I M | ONTH DAY YEAR 24 HOUR |
| Stand With | {TYI | Nelli | 9 | В. | Mous | ley | OF ESTI- DEATH MATED 🔀 | 3 17 1980 44 M |
| | 3. SEX | 4. RACE | 5. DATE OF BIRTH | | IN YEARS IF UN | | ER 24 HRS. 2c. DATE | ONTH DAY YEAR 24 HOUR |
| 国本教教 者 | | emale White | 11 2 | 90 89 | YRS. | HOURS HOURS | DEAD | 17 1980 Zp M |
| Man Hard | FC | IRTHPLACE (STATE OR DREIGN COUNTRY) | | VHAT COUNTRY? | 8. MARR | 4242 | | |
| ASS. | | lary land | US | | | | RCED Queen Ann | |
| 1201 **ANY DELAY IS AND 3 TO THE RETAIN PAGE HOUD BE FILED F | G | rasonville | V.F.W | SPITAL, NURSING HI FACILITY, GIVE STREET ADDRI • Ave • | ESS) | HER INSTITUTION | FOR MOST OF WORKING LIFE) Ret-Teacher | OR INDUSTRY Education |
| E ANY DEL | | AL RESIDENCE (IF IN NURSING HOAD ISB. COL | ie or other institution, of the property en Anne | GIVE RESIDENCE BEFORE AD. 13c CITY OR TOW Grason | /N | 13d. INSIDE CITY LIMITS | | 19 Rt. 1 |
| 0 T 04- | 14. F. | ATHER'S NAME | WIDDLE | LAST | | 15. MOTHER'S MA | IDEN NAME | LAST |
| ORE, ME AGES 1, AND 1 AND 1 AND 1 OF LE | | eorge | W. | Bowman | | | abeth H | lolloway |
| MORE TTER DI FORM SS 1 AND ON OF | | WAS DECEASED EVER IN U.S. A | ARMED FORCES? IVE WAR OR DATES) | 16b. SOCIAL SEC | URITY NO. | 17. INFORMANT | (Dgtr) ADDRESS | 7 Wayne Dr. |
| , BALTIMORE, JURS AFTER DE B. GIVE PAGES WITH FORM I. PAGES 1 AN DIVISION OF | | NO | | | - 0 | Mrs. Re | becca M. Guidic | e Woodside Mni |
| | | 18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU | only one cause per lir SED BY: | ne for (o), (b), and (c). | 'a | . S. N | . 6) | Briwern Onsei and Death Syean |
| W. PRESTON ST., (D WITHIN 24 HOU ENCIL IN IEM 18, AMINER ALONG V FRANSIT PERMIT. ENTAL HYGIENE, D REMOVAL. | | 2.500 IMMED | DUE TO, O | DR AS A CONSEQUEN | ICE OF | | 11 | |
| VA TYPE EST | | Conditions, if ony, whi | ch | D: | al.t. | 5 /1 | lellitu e | |
| W. PREST D WITHIN ENCIL IN AMINER. TRANSIT ENTAL HI | | gove rise to immedia cause (o) stating the <u>und</u> | | R AS A CONSEQUEN | ICE OF | 3 | | |
| 301 W. PRI CUTED WIT IN PENCIL I. EXAMINE URIAL-TRAIN 10 MENTAL 14, OR REMO | | lying cause last. | (c) | | | | | |
| DIVISION OF VITAL RECORDS, 301 S CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN P RDED TO THE CHIEF MEDICAL EX, RE 3 SHOULD BE USED AS A BURNAL E DEPARTMENT OF HEALTH AND M PRIOR TO BURNAL, CREMATION, OR | NO | PART 2 OTHER SIGNIFICANT CONDITION | NS CONTRIBUTING TO DEAT | H BUT NOT RELATED TO THE | TERMINAL OISEAS | SE OR CONDITION GIVEN IN | PART 1 (o). | |
| HAULD IN PEN CHIEF AN OF HEA | CERTIFICATION | 190. DATE OF OPERATION | 19b. COND | ITION FOR WHICH O | PERATION V | VAS PERFORMED? | | 20 AUTOPSY? |
| SHOU CHIEF CHIEF OF H | F | | | | | | | YES 🗆 NO 🖔 |
| VISION OF VIT TERTIFICATE SH ING THE WOR FED TO THE C 3 SHOULD BE DEPARTMENT C RIOR TO BURIA | W. | 210. EXTERNAL CAUSE WAS | 21b. TIME O HOUR A. | OF INJURY M. MONTH DAY | | IOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 PART | 1 OR PART 2) |
| IN TO THE | MEDICAL | CONTRIBUTING CAUSE C | | M. 19 | | | | |
| CERTIING TING TO SENDE | MED | WHILE NOT WHILE | | OF INJURY (AT HOM ACTORY, FARM, ETC.) | | STREET | CITY OR TOWN | COUNTY STATE |
| WAN WAS | | AT WORK AT WORK | | | | | | |
| 2,2 | | 22a. I certify that I took ch | orge of the remoins d | escribed obove, held | on Autor | osy L, Inspec | tian 🔯 , Inquiry 🔼 , ond in | my opinion |
| KAMINE ERTIFICA D BE FO IRECTOI | | death resulted from No | tural couses 🔼 . | Accident . | Micide L | J., Homicide L | . Undetermined monner | 2// |
| CER CER | | ACTUAL A | un H | meth | h | TITLE (SPECIAY) | | DATE 3/17/60 |
| ICAL THE SHC SHC SHC EATH | | SIGNATURE | 1 00 | - 1/1/9 | / · · · · · · · · · · · · · · · · · · · | A.D. Deg | MEDICAL EXAMINER | SIGNED |
| MED OUTE | - | EXAMINER'S NAME OF | IN A | mith .1 | - | ADDRESS | Treville /Kd | 21617 |
| TO MEDICAL EXAMI EXECUTE THE CRTIFIE PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTMORE, MARYLAR | 23 o. E | BURIAL, CREMATION, REMOVA SPECIFY) | 236 DATE | 23c. NAME OF | CEMETERY C | OR CREMATORY | 23d. LOCATION | COUNTY STATE |
| BP | | Burial | 3/20/80 | Riv | vervie | ew Cem. | | ew Castle DE |
| DHMH - 17 | 24. F | UNERAL DIRECTO | ADDRE | ss 2700 Wa | ashing DE 19 | ton St. | TE REC'D. BY REGISTRAR 256. REGISTR. | AR'S SIGNATURE |
| (VR A15 ME (5)) 15M 7/76 | 1 | eller JIV | Clay A. | . Wilm. I | DE 19 | 802 | | 1/1-0000 |

. byA .W.T. Will affirmatival Cowlen (Drie) (Drie) (Drie) Representation of the contraction of the contractio

hem 18 shows

or

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Funeral

Home .

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

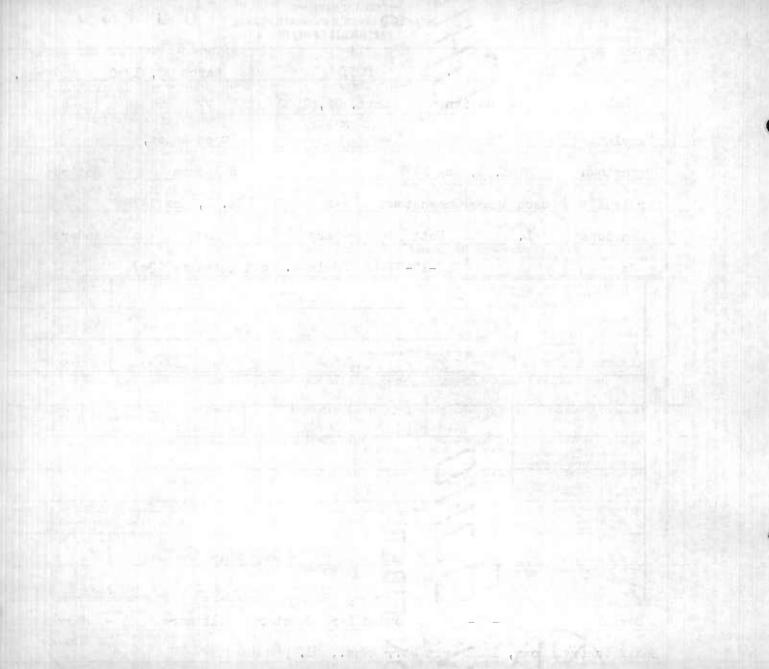
- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH DECEASED NAME MONTH DAY YEAR 7b. HOUR (TYPE OR PRINT) WILLIAM W POTT March 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTHS DAYS HOURS Sept. 26. 1902 Male Caucasian 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Maryland DIVORCED [Queen Annes. WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a. USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Box 247P Queenstown Salesman Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 130 STATE 136 COUNTY 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Rt. 1. Box 247P Queen Annes Queenstown Maryland YES TO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Henricus Enders Pot.t. Marv Anne ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I JIF YES, GIVE WAR OR DATES! Edwin L. Pott (same as 13e) No 215-10-3906A APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY MUN IMMEDIATE CAUSE to CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRINCT NO TO DEATH JULT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART YOU CERTIFICATION 90. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from Octossis saw the deceased alive on TAZCN 24 above, (1) we) (did) (did not) view the body after death 1980 and that in (my (our) opinion death occurred on the date and hour and from the causes stated 22L-SIGN ATORE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 34 ONENSUILLE 1AZZELL. HOLL ICVU EIC 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY 04-01-80 Loudon Park Cemetery Baltimore Maryland Burial 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR 24. FUNERAL DIRECTOR

1212 West St., Anna., Md.

DHMH-16 60M 1/73

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(VR A 15 (4))



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, pshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

MPORTANT: If Rem 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be notified at ance.

| STATE | OF | MARYL | A |
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ND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1 | - STATE REGISTRAR | | | CERTIF | FICATE OF DEATH | , REG. N | 0. | | |
|---|---------------|--|----------------------|---------------------------------------|------------|---|---|----------------------------|--------------|---------------------------------------|
| | | CEASED NAME FIRST | 100 | MIDDLE | | LAST | 20 DATE OF DEATH | MONTH DA | AY YEAR | 2b HOUR |
| | (1)12 | Gertrude | e Chare | ollette | Pr | ice | | 3-27- | 80 | IP. M |
| | 3 SE. | x Female | Wiite | | S. DATE O | of BIRTH ril, 73, 1889 | 6. AGÉ (IN YEARS LAST BIRT | | ONTHS DAYS | IF UNDER 24 HRS HOURS MIN |
| 5 | C | IRTHPLACE ISTATE OR FOREIGN OUNTRY) | U.S.A. | WHAT COUNTRY? | WIDOW | | 9 BALTIMORE CITY O | _ , | O. | MD |
| 0 | | Sudlersville | Kitt | SHEACILITY, GIVE STREET | ilar | ď. | 120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewif | F WORKING LIFE) | | F BUSINESS OR |
| 5 | 130. 8 | na. | OR OTHER INSTITUTION | 134 CITY OR TOW | W1 . 11 | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | |
| 0 | 14. FA | Henry | MIDDLE | Cronsho | w | Alice | K. MIDDLE | | Collie | r |
| | | WAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN} (IF YES, C | ARMED FORCES? | 217-12- | 4573 | Mr. Earl Pr | ice Church | Hill | | |
| | | 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU 43 | DUE TO, O | PR AS A CONSEQUE | NCE OF | 1. C. V. A | | | 1.0 | MATE INTERVAL DISET AND DEATH C CACO |
| 2 | CERTIFICATION | PART 2. OTHER SIGNIFICAN | | | | NOT RELATED TO THE TERM | 20a AUTOPSY? | 20b. IF YES, IN CERTIFY | WERE FINDIN | NGS USED OF DEATH? |
| 7 | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH HOUR A | DF INJURY .M. MONTH DA | Y YEAR | 21c HOW INJURY OCCURR | RED (ENTER NATURE OF INJUI | YES RY IN ITEM 18, PAI | | NO [|
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.) | 211 LOCATION STREET | CITY OR TO | VN | COUNTY | STATE |
| | | 220 I certify that (I) (this ho saw the deceased alive obove (I) (see) (dref) (200) The Sissan R. 22d. PHYSIC AN'S NAME (TYP) Dr. John R. | of Mar. | | o | DEGREE ATTENDING PHYSICIAN 220. ADDRESS | MEDICAL STA | ate and hour | ond from the | |
| | 23o. (| BURIAL, CREMATION, REMOV | AL 23b. DATE | . 1 - | | entreview of Crematory sville, Md. | 23d LOCATION Sudlers | | COUNTY | o. Md. |
| | | uneral director elfenbein-Hub | band Fun | reral Hom | e, (| hester. AdAP | R 2 1980 | | AR'S SIGNA | Ready |

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

Chester, MdAPR 2

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| 11- | FOR STATE | | STATE OF MARYLAND TOF HEALTH AND MENTAL HY | | 3 3 9 |
|-----------------------|---|---|---|--|-------------------------|
| | REGISTRAR | | MINER'S CERTIFICATE OF | DEATH REG. NO. | |
| | CEASED NAME FIRST | WIDDLE | LAST | OF ESTI- | |
| | FLOS | | PULLY | DEATH MATED 3 | 4 19 80 |
| 3. SE | X 4. RACE | | E (IN YEARS IF UNDER 1 YR. IF UNDER 2 | WIN PRONOLINCED | 12000 |
| | emale negro | | YRS. | DEAD 3 | T 1900 D M |
| 7a. B | OREIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIE | | |
| 0.0 | md | 115A | WIDOWED DIVORCE | 4-1 | MID |
| | TY OR TOWN OF DEATH Chester | (IF NOT IN SUCH FACILITY, GIVE STREET ALL COX Neck Rd. | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | OR INDUSTRY |
| | AL RESIDENCE (IF IN NURSING HOME) TATE 13b. COU | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TO | DYAN 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | |
| 14 E | ATHER'S NAME | PEUX AUVE CHEST | YES NO I | P. 0 304 | |
|) | FIRST | MIDDLE POLICE LAST | FIRST | WIDDLE | LAST |
| 16a. ' | WAS DECEASED EVER IN U.S. A | | CURITY NO. 17. INFORMANT | ADDRESS | 80 |
| (| res, NO, OR UNKNOWN) (IF YES, GI | /E WAR OR DATES) | Bertha | Pulle | 4 |
| | 18. CAUSE OF DEATH (Enter of | only one couse per line for (a), (b), and | | Call | APPROXIMATE INTERVAL |
| | PARTI DEATH WAS CAUS | ED BY: Smoke inh | | | BETWEEN ONSET AND DEATH |
| -7 | 8902 mmebi | DUE TO, OR AS A CONSEQU | ENCE OF | | |
| - | Conditions, if any, which | | | | |
| | cause (a) stating the unde | | ENCE OF | | |
| | lying couse lost. | (c) | EWILL | | |
| Z | PART 2 OTHER SIGHIFICANT CONDITION | S CONTRIBUTING TO DEATH BUT NOT RELATED TO | THE TERMINAL DISEASE OR COMOITION GIVEN IN PART | 1 (o), | |
| ATIC | 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATION WAS PERFORMED? | | 20 AUTOPSY? |
| IFIC | | | | | YES TO NO |
| MEDICAL CERTIFICATION | 210. EXTERNAL CAUSE WAS | 216. TIME OF INJURY | 21c. HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR | |
| TAL | UNDERLYING OR | HOUR AXX MONTH DAY | 80 House fire. | | |
| EDIC | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY (AT F | OME, 211. LOCATION | CITY OR SOLVAL | OHATA A CTATE |
| Σ | WHILE NOT WHILE AT WORK | x street, factory, farm, etc.) | Cox Neck Rd. | Chester Quee | h"Anne's Md". |
| | 22g. I certify that I took cha | rge of the remains described above, he | d on Autopsy K Inspection | , Inquiry , and in my | opinion |
| | | ural causes . Accident | Suicide . Homicide . | Undetermined manner , | - |
| | A | 1 | TITLE (SPECIFY) | | |
| | ACTUAL SIGNATURE | MAN | M.D. Assistant | MEDICAL EXAMINER SIGN | 3-5-80 |
| | // | /.0 | | | |
| | (TYPE OR PRINT) | nn M. Dixon, M.D. | ADDRESS | lPenn St. | |
| 230.E | STEERY | | OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR FOWN CO | DUNTY STATE |
| | | 3/10/80 0/ | estor con. | Chester & | xx md |
| 74. F | UNERALDIRECTOR | ADDRESS - | 25a. DATE RE | C'D. BY REGISTRAR 256. REGISTIANS | SIGNATURE |
| 1 | Lerry HW | is hulb la lon | md MA | R 1 2 1980 Paris | 7 |

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| | 1. | FOR STATE REGISTRAR | DEP | ARTMENT OF H | E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH | GIENE O (| 8 (| 3 4 0 | |
|----|-----------------------|--|--|---|---|---|--|--|-----------------------------------|
| | | CEASED NAME FIRST | T MIDDLE | L | AST | 20. DATE OF DEATH | MONTH D | AY YEAR 2b F | HOUR |
| | | WILSON | WOODROW | R | ASH | March | 22. | 1980 2 | 2 A. |
| | 3. SE | X | 4 RACE | S. DATE C | | 6 AGE (IN YEARS LAST BIR | _ | | INDER 24 HRS |
| | | Male | White | Oct | | 65 | YRS. | ONIHS DAYS HOL | OK2 WIN |
| 34 | | RTHPLACE (STATE OR FOREIGN OUNTRY) | 76 CITIZEN OF WHAT COUNTY | TRY? 8 MARRIE WIDOWE | D NEVER MARRIED | 9 BALTIMORE CITY O | | OF DEATH | |
| 20 | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S HOME | IRSING HOME C | | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Farmer | ION | | ISINESS O |
| | USU | AL RESIDENCE (IF NURSING HO | OME OR OTHER INSTITUTION, GIVE RESIDENCE | | | | | Farmin | 0. |
| 25 | 130 3 | Md. | OUNTY 130 CITY OR | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | (4 7 7 D | a | |
| - | 14. FA | THER'S NAME | A. Pric | е | YES NO THE NO THE NO. | THE CASE OF THE SEC. A. | ill R | Q. a. | |
| 7 | į. | FIRST | MIDDLE LAST | | FIRST | WIDDLE | | LAST | |
| 13 | _ | Charles VAS DECEASED EVER IN U.S | Rash | SECURITY NO. | Mae 17 INFORMANT | ADDR | FSS 50 3 | Darli | |
| 1 | (| (IF YES, NO OR UNKNOWN) | S, GIVE WAR OR DATES) | | | | Ma | | |
| V | N | 0. | 1215-3 | 6-1799 | Ronald L.I | Rash, Rt.1 | Box | 83 Hend | erso |
| | | Conditions, if ony, whice gove rise to immediate | | RONAR | Y ARTERY | Discou | ٩ | Year | 1. |
| | NO | couse 10's stating th underlying couse los | DUE TO, OR AS A CONSI | | NOT RELATED TO THE TER | MINAL DISEASE OR CON | DITION GIVE | N IN PART 10 | |
| 9 | TIFICATION | couse 10's stating th underlying couse los | DUE TO, OR AS A CONSI | TO DEATH BUT | | MINAL DISEASE OR CON 200. AUTOPSY? YES NO | 20b. IF YES, | WERE FINDINGS (| USED DEATH? |
| 9 | CERTIFICATION | couse io stating the underlying couse los los part 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | DUE TO, OR AS A CONSI | TO DEATH BUT | | 200 AUTOPSY? YES NO | 20b. IF YES, IN CERTIFY YES | WERE FINDINGS (| DEATH? |
| 99 | | COUSE ID: STOTING THE UNDERLYING COUSE IDS PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE CONTRIBUTION CAUSE OF THE CAUSE OF THE CONTRIBUTION CAUSE OF THE | DUE TO, OR AS A CONSI | TO DEATH BUT | N WAS PERFORMED | 200 AUTOPSY? YES NO | 20b. IF YES, IN CERTIFY YES | WERE FINDINGS (| DEATH? |
| 9 | MEDICAL CERTIFICATION | couse io stating the underlying couse loss. PART 2 OTHER SIGNIFICA. 19a DATE OF OPERATION. 21a. ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTING CAUSE OF | DUE TO, OR AS A CONSI | DAY YEAR | N WAS PERFORMED | 200 AUTOPSY? YES NO | 20b. IF YES, IN CERTIFY YES | WERE FINDINGS (| DEATH? |
| 9 | | COUSE IO: stating the underlying couse loss. PART 2 OTHER SIGNIFICA. 190 DATE OF OPERATION. 210. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAM. 21d. INJURY OCCURRED. WHILE AT WORK AT WORK. 220.1 certify that this h | DUE TO, OR AS A CONSI | DAY YEAR 19 FICE, FARM, ETC.) | 216. HOW INJURY OCCUI | 200. AUTOPSY? YES NO RRED (ENTER NATURE OF INJU | 20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI | WERE FINDINGS (ING CAUSES OF DING CAUSES OF DING RT 1 OR PART 2) | STATE |
| 99 | | COUSE ID: Stating the underlying couse loss loss loss loss loss loss loss lo | DUE TO, OR AS A CONSI | DAY YEAR 19 FICE, FARM, ETC.) | 211. LOCATION STREET 214 that in (my) our) opinion DEGREE ATTENDING PHYSICIAN | 200. AUTOPSY? YES NO RRED (ENTER NATURE OF INJU | 20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI WN tote and hour | WERE FINDINGS (ING CAUSES OF DING CAUSES OF DING RT 1 OR PART 2) | STATE (i) we) lo |
| 99 | | COUSE IO: Stating the underlying couse loss loss loss loss loss loss loss lo | DUE TO, OR AS A CONSI | DAY YEAR 19 FICE, FARM, ETC.) | 211. LOCATION STREET 19 10 d that in (my) our) opinior DEGREE ATTENDING | 200. AUTOPSY? YES NO CITY OR TOTAL CITY OR TOTAL AREDICAL STA | 20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI WN tote and hour | WERE FINDINGS (ING CAUSES OF D NO RT 1 OR PART 2) COUNTY 9 , that | STATE (i) we) lo |
| 99 | | COUSE ID: Stating the underlying couse loss loss loss loss loss loss loss lo | DUE TO, OR AS A CONSI | DAY YEAR 19 FICE, FARM, ETC.) | 211. LOCATION STREET 214 that in (my) our) opinion DEGREE ATTENDING PHYSICIAN | 200. AUTOPSY? YES NO CITY OR TO: CITY OR TO: n deoth occurred on the d DIRECTOR PHYSIC | 20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI WN tote and hour | WERE FINDINGS (ING CAUSES OF D NO RT 1 OR PART 2) COUNTY 9 , that | STATE STATE (1) we) lo |
| 9 | WEDICAL WEDICAL | COUSE IO: Stating the underlying couse loss loss loss loss loss loss loss lo | DUE TO, OR AS A CONSIDER (C) ANT CONDITIONS CONTRIBUTING 196. CONDITION FOR WE 197. CONDITION FOR WE 198. CONDITION FOR WE 199. CON | DAY YEAR 19 FICE, FARM, ETC.) | 211. LOCATION 211. LOCATION STREET 214 LOCATION STREET ATTENDING PHYSICIAN 226 ADDRESS | 200. AUTOPSY? YES NO CITY OR TO: CITY OR TO: A COURTED A COURTED OF INJUINATION | 20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI wn ote and hour | WERE FINDINGS (ING CAUSES OF D NO RT 1 OR PART 2) COUNTY 9 , that | STATE STATE (1) we) lo |
| 99 | WEDICAL | COUSE IO: Stating the underlying couse loss of the underlying couse loss. PART 2 OTHER SIGNIFICATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF THE COUNTY MEDICAL EXAM 21d. INJURY OCCURRED WHILE ATWORK ATWORK OF THE COUNTY OF THE COU | DUE TO, OR AS A CONSIDER ANT CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 197 CONDITION FOR WH 198 CONDITION FOR WH 199 CONDITI | DAY YEAR 19 FICE, FARM, ETC.) Om. 12 19 Om. 12 Om. 13 Om. 14 Om. 15 Om. 16 Om. 17 Om. 17 Om. 18 Om. 18 Om. 19 Om. 18 Om. 19 Om. | 211. LOCATION 211. LOCATION STREET 214 that in (my) our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS Chesterta | 200. AUTOPSY? YES NO CITY OR TOTAL TO TOTAL MEDICAL STA DIRECTOR PHYSIC DWN Md 21 1234. LOCATION | 20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI TOTE OND hour FF CIAN 620 | WERE FINDINGS (ING CAUSES OF D NO RT 1 OR PART 2) COUNTY 9 00 , that and from the cause 221. DAJE SIGN 3 24 | STATE STATE STATE STATE STATE |

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE 20 DATE OF DEATH 26. HOUR TYPE OR PRINTE Henry 1980 Bordley SEWARD March 17. 10:55 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF LINDED 24 MDS November 28, 1886 DAYS HOURS Male White B. BIRTHPLACE ISTATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland WIDOWED DIVORCED [] Queen Anne's IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17e USUAL OCCUPATION 12h. KIND OF BUSINESS OR (FNOT IN SUCHFACKITY, GIVE STREET ADDRESS)
Corsica Hills Nursing Center (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Centreville Farmer-Meatcutter Retail Grocery USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONI 13e. STATE 1136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS QueenAnne's Centreville 204 Belvedere Ave. Maryland NO [YES TO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Washington MIDDLE George Seward Milby Charlotte 17 INFORMANT Grandson MAS DECEASED EVER IN U.S. ARMED FORCES? ADDRES D. #2. Box CL3 166 SOCIAL SECURITY NO I HE YES, GIVE WAR OR DATEST 218-14-2422 Harry O. Hubbard, Jr., Preston, Md. 21655 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO X YES T NO I 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL

21f LOCATION

NOT WHILE 22a L certify that (1) (this hospital) attended the deceased from sow the deceased alive an VIII. No oboves (I) (we) (did) (did not) view the body after death

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

and that in (my) (our) opinion death occurred on the date and have and from the causes stated DEGREE

ATTENDING

PHYSICIAN

22d. FINY ICTAN'S NAME (TYPE OR PRINT) John R. Smith, Jr., M.D.

23a. BURIAL, CREMATION, REMOVAL

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

27k SIGNATURE

(SPECIFY)

77e ADDRESS

Centreville, Md. 21617

Easton

23d LOCATION

DIRECTOR PHYSICIAN

MEDICAL

CITY OF TOWN

STAFF

Sho

8

DHMH-16 20M (VRA 15, 4) 7/78

old be

shoul 0

> Burial Mar. 20, 1980 Woodlawn Memorial Park 24 FUNERAL DIRECTOR Barton Bros. James H. Barton, Jr., Centreville, Md. 21617

236. DATE

23c NAME OF CEMETERY OR CREMATORY

COUNTY Talbot

COUNTY

STATE

STATE

250. DATEREC'D, BY REGISTRAR 256. RECH. THAN 5 SIGNATURE perfory Malready

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | 1- | FOR STATE REGISTRAR | | DEPAR | | ICATE OF DEATH | REG. NO | 8 | 5 4 | 2 |
|-----|---------------|---|--|---|---------------|-------------------------------|---|---------------|-------------------------------|-----------------------------------|
| | 1. DE | CEASED NAME FIRST | | MIDDLE | l | AST | 20. DATE OF DEATH | HTMOM | DAY YEAR | 26 HOUR D |
| | | CLARI | ENCE SA | MUEL | SOLL | OWAY | March | 27. | 1980 | 5:40 M |
| | 3. SE | X | 4 RACE | | S. DATE C | | 6. AGE (IN YEARS LAST BIRT | HDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| | M | ale | White | | Nov | | 83 | YRS. | MONTHS DATS | HOURS MIN |
| P | | RTHPLACE (STATE OR FOREIGN OUNTRY) | 76. CITIZEN OF | WHAT COUNTRY | ? 8 MARRIE | D X NEVER MARRIED | 9 BALTIMORE CITY O | R COUNT | Y OF DEATH | |
| 0 | | Md. | U.S.A | | WIDOWE | D DIVORCED | Queen An | nes | | MD. |
| 6 | | udlersville | | HOSPITAL, NURS THE FACILITY, GIVE STREET | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Prop. Gen. | | IFE) INDUSTRY | Cerv |
| 5 | 13a. S | ALRESIDENCE (IF NURSING HOM STATE 136 CC Md. Q. | E OR OTHER INSTITUTION DUNTY • A • | GIVE RESIDENCE BEFORE TO Sudler | WN | 134 INSIDE CITY LIMITS? | 13e. STREET ADDRESS | | | |
| 7 | 14 FA | ATHER'S NAME FIRST | WIDDIE | LAST | | 15 MOTHER'S MAIDEN NA | ME | 124 | LAS | 51 |
| 10 | | | ranklin | Sollow | ay | Sally | Ann | 113 | | hell |
| 1 | | WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, | ARMED FORCES? | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | ADDRE | SS | 13716 | |
| | | No. | | 220-32- | -9355 | Robert Sol | loway, Cla | aytor | | .19938 |
| | | 18 CAUSE OF DEATH (Enter | only one couse per | | | | | | BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| | | | IATE CAUSE (0) | Chronic | obst | ructive bronc | hitis | | yea | ars |
| | | 4912 | DUE TO, O | R AS A CONSEQU | UENCE OF | | | | | |
| | | Conditions, if ony, which gove rise to immediate | (b) | | | | | | | |
| | | couse (0), stating the underlying couse lost | DUE TO, O | R AS A CONSEQU | UENCE OF | | | | | |
| | NO | PART 2 OTHER SIGNIFICAN Cor pulm | | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | ainal disease or cont | DITION GI | VEN IN PART 1 | 01 |
| _ | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | TION FOR WHIC | H OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | S, WERE FINDIN | |
| yL, | TIF | | | | | | YES NO K | | ES | NO [|
| 7 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN | DEATH HOUR A. | M. MONTH | DAY YEAR | 21¢ HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18, | PART 1 OR PART 2) | |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE (AT HOME, STE | OF INJURY IEET, FACTORY, OFFICE | , FARM, ETC.) | 21f LOCATION STREET | CITY OR TOW | VN | COUNTY | STATE |
| | | sow the deceased alive above, (1) (was (did) and | on A Ma | e deceosed from | 80XX o | nd that in (my) (Cor) opinion | to 27 Max | | , 19 70 , our and from the | that (1) (lost couses stated |
| | | 226. SIGNATURE | Obenes | sein | | ATTENDING PHYSICIAN | MEDICAL STAR | F IAN [] | 22¢ DATE 30 | Mar 80 |
| 1 | | 224 PHYSICIAN'S NAME (TYP | PE OR PRINT) | | | 22e. ADDRESS | | 16 | E 14 1 | |
| | | Wallace (| benshai | n, M.D | | Cecilton, | Md. 21913 | | | |
| | 23a. B | BURIAL, CREMATION, REMOV | AL 23b. DATE | 230 | NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | COUNTY | STATE |

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR
NAME
Edward Fel Son, Fellows

Burial

Millington, Md.

em. Smyrna Kent De 250. Date rec'd. By REGISTRAR 256. REGISTRAR'S SIGNATURE APR

stand and evidentage circula Cox sullected ved FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO 20. DATE OF DEATH 2b. HOUR March 13 1980 DAYS BALTIMORE CITY OR COUNTY OF DEATH Queen Anne 12b. KIND OF BUSINESS OR Bookkeepen RFD#1 Box 91 Centreville Md.

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

ADDRES Lewes Del Atkins Funeral Home, 119W. Forth St.

| B CAUSE OF DEATH :Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Sepsis | | 48 Hours |
|--|--|-------------------------------------|
| Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost | DUE TO, OR AS A CONSEQUENCE OF (b) Pneumonia DUE TO, OR AS A CONSEQUENCE OF (c) Chronic Illness | 40 110111 S |
| PART 2 OTHER SIGNIFICANT | ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE. | ASE OR CONDITION GIVEN IN PART 1(a) |

LAST

| | | | YES NO | YES 🗍 | NO 🗌 |
|--|---|------------------------|---------------------------|---------------------------------|------|
| ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21c HOW INJURY OCCURRE | D (ENTER NATURE OF INJURY | Y IN ITEM 18, PART 1 OR PART 2) | |
| | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOW | N COUNTY | STA1 |

and that in (my) aur) apinian death accurred an the date and haur and from the causes stated

| 77A STONATURE DEGREE | | 22c. DATE SIGNED |
|----------------------|--|------------------|
| Since Formore | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | 3-13-8 |

Pam and Kidwell Aves, Centreville Md

Helfenbein-Hubbard Funeral Home, Chester, Md. MAR

Rehoboth Sussex Co. Det. burial Epworth Meth. em.

DHMH - 16 50M 1/76 (VR A 15 (4))

Lo Tak Land Myss In the same of the 11-5V. ENE posts in consumer out. The art files true a contraction in - I - V Top can't sail as The house and se just the